

70600001110

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
T2 SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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PAWS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TR SYSTEMS Inc.
Name of Corporation

DOCUMENT NUMBER: F06000001110

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kelley Brita
Name of Contact Person

TR SYSTEMS, INC
Firm/Company

7835 Woodland Drive #250
Address

Indianapolis, IN 46278
City/State and Zip Code

Kbrita@trsystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Brita at 317 524-3623
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CN25043 (2/05)

FD-000 - (1/22/2009) CT System Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0501, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of INDIANA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: T2 SYSTEMS Inc
- 2. The principal office address: 7835 Woodland Dr #250
Indianapolis, IN 46278
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/20/2006 Document number: FD600001110

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

STEPHANIE FAULKENBERRY
1004 PEARSON DRIVE
OVIEDO, FL 32765

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of officer or director

JIM ZAMANEK CFO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

If signing on behalf of an entity:

Bernadette McNamara
Assistant Secretary

*** FILING FEE: \$35.00 ***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

OR2B045 (8/07)

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